

A World to Care For

Excerpted from Rusk HA. *A World to Care For: The Autobiography of Howard A. Rusk*. New York, NY: Random House; 1972:3–291



Howard A. Rusk, MD, in 1950.

Source. Courtesy of Straight Ahead Pictures Inc, Center for Disability and Public History.

WHEN I RETURNED HOME I

sensed something terrible had happened. . . . The radio had just announced that the Japanese had attacked Pearl Harbor. Instinctively I knew that from this day on, my life was to be drastically changed. I closed out my practice of internal medicine in St. Louis and joined the Air Force . . . as a medical service major in August 1942. . . . Colonel McDowell appointed me Chief of Medical Services of a 1000 bed hospital. . . . Jefferson Barracks was an old Army base that dated back to before the Civil War, and it looked as if nothing much had been done to keep it in shape since then. . . . Colonel Morgan . . . told me that the Air Force . . . has an average of fifty thousand men in its hospitals every day. . . . For the first time it dawned on me that the problem of convalescent service men was important, not just to me and to the Jefferson Barracks hospital, but to the whole country. The time these men were wasting was time we could not afford to lose during a war which was the biggest, most horrendous in the history of mankind.

. . . I became almost totally occupied with the enormity of the convalescent problem. . . . “Since we can’t just release the boys from the hospital,” I said, “why can’t we start a program of activities to keep them busy while they are convalescing . . . some kind of constructive training to keep them from wasting their time.” . . .

Captain William Pahlmann . . . came to give a series of lectures and demonstrations in camouflage that were so clever he got everyone interested. . . . From there we went on to academic courses like meteorology, trigonometry, calculus, and American history. . . . Now when the boys went back for duty, they were better prepared for it. Our re-admission rates were decreasing, and I was beginning to think we might have an answer to the problem [of] the millions of man-hours going to waste in all the service hospitals.

. . . I wrote a one-and-a-half page summary of what we were doing at Jefferson Barracks and [showed General Grant]. . . . He turned to me and said, “This could be a great program. I want it started in every one of our Air Force hospitals. And I’m going to order you to Washington to be responsible for it.”

. . . [T]here was no precedent for rehabilitation programs on a large scale in the military. And as far as I knew, there were no extensive civilian programs, either. . . . But I had no idea which way to turn. . . .

I began thinking about the possibility of opening special Air Force rehabilitation centers. . . . Some checking of situation showed that the Institute for the Crippled and Disabled in New York had been founded during World War I with funds from a philanthropist named Jeremiah Milbank; its primary aim was to

provide vocational training for disabled people. I came to New York [and] met Dr. Deaver. . . . I asked, "Do you think you could set up such a program?" Deaver smiled at me and said, "We've already offered a program like that to the Army. We've also offered it to the Veterans Administration. They both said they didn't need it." "We need it in the Air Force," I said. "We'll be glad to do it for you," he replied. . . .

We officially opened the first Air Force rehabilitation center at Pawling. . . . At that time of the opening we had about ninety men already there. . . . I guess you might describe the Pawling center as a combination of a hospital, a country club, a school, a farm, a vocational training center, a resort and a little bit of home as well. The discipline was minimal and the program informal. . . . Pawling was the first of twelve such centers the Air Force opened during World War II. Some of the boys there had physical disabilities; others had psychological disabilities. Many had combination of the two. . . .

A lot of men in combat did reach the breaking point and needed a place like Pawling. Eventually, we had between four and five hundred patients there, beat-up boys from battlefronts all over the world. About one third of these boys had purely psychological problems from flying fatigue, while the other two thirds had severe physical disabilities, which, of course, were often

coupled with psychological problems. . . .

The commanding officer at Pawling center was Major Hobart M. Todd. . . . [H]e had been badly wounded and had lain for six months in one hospital after another, staring at the walls while he waited for his recovery. No one had to explain to him the importance of the rehabilitation program. . . . There was a lot of hard work. We gave courses in French, Spanish, accounting, civil and military law, photography, astronomy, graphic arts, instrument flying, journalism, navigation, physics, radio mechanics, radio production, shorthand, typing, woodwork, salesmanship, and many other subjects. . . .

America's war casualties increased and both the convalescent and rehabilitation programs in the Air Force grew to keep pace with the needs. We now had a sizable staff in Washington and plenty of funds, as well as people to manage the more than two hundred and fifty centers around the country—which was amazing when you stop to think that during our first year of operation we had run the whole program by begging, borrowing or stealing everything we needed. We had so little official authorization we bluffed our way along half the time. . . .

With time, our concept of rehabilitation had grown, and we realized it was not enough just to treat a man's physical needs. We had to worry about his

emotional, social, educational and occupational needs as well. We had to treat the whole man. And we also had to teach his friends and family how to accept him and help him in his new condition.

. . . With Japan's surrender in sight, there was already much talk about reorganizing the Veterans Administration, which most people agreed should be done as soon as peace came. . . . Mr. Truman . . . called me in and told me he'd like me to have a hand in whatever was done with the V. A. . . . I was introduced to General Bradley, . . . we talked about rehabilitation of soldiers who would need such care before separation from the service, and he told me he was planning to bring General Paul Hawley, his chief medical officer, back to Washington with him as medical director when he took charge of the Veterans Administration. . . .

"Rehabilitation will evidently be one of our biggest jobs," General Bradley said. . . . I assured him I was ready to help in any way I possibly could. . . . [During the war] we had saved at least forty million man-hours of duty time, and had gotten more sick or injured men back on duty than . . . during any war in history. More important, we had prepared thousands of boys for useful roles in civilian life . . . who might otherwise have wasted away for years in veterans hospitals. And by proving the value of rehabilitation, we had made certain that

Howard A. Rusk (1901–1989)

From Military Medicine to Comprehensive Rehabilitation

HOWARD ARCHIBALD RUSK, MD, is generally recognized as the “father of comprehensive rehabilitation.” In comprehensive rehabilitation, those suffering disabilities that result from illness, injury, or congenital defect are given therapy and training designed to help them to live and work in the community to the best of their abilities. Rusk initially developed this field as a contribution to military medicine during World War II and later broadened it in application to the civilian population. The excerpts reprinted here were taken from his engaging and often humorous autobiography in which he relates the many adventures involved in his life’s work.

Rusk was born on April 9, 1901, to Augusta Eastin Shipp and Michael Yost in Brookfield, Missouri. He received his undergraduate degree from the University of Missouri in 1923, then earned his medical degree at the University of Pennsylvania two years later. He returned to Missouri for a one-year internship at St Luke’s Hospital in St Louis, married Gladys Houx, and began a private practice in internal medicine. In the early 1930s, he had his own office with a staff of seven—two doctors and five nurses—as well as technical and secretarial staff. In April 1937, Rusk became the second internist in the United States to pass the rigid examination required for

membership in the newly created American Board of Internal Medicine.¹ In 1932, the first of Rusk’s many articles began to appear in various medical journals. These early papers dealt with the therapeutic use of potassium in treatment of obesity and certain allergies.²

With the entrance of the United States into World War II in 1942, Rusk left private practice to join the US Air Force as a major and was stationed as Chief of Medical Services at Jefferson Barracks in St Louis. There he began to establish a broad and comprehensive program of rehabilitation for his injured patients. It began with a patient who complained when a spider’s web was cleaned from the ceiling above his bed; watching the spider spin his web was, the patient said, his only form of entertainment. Rusk realized that men who were sitting around bored and wasting time during their convalescence needed purposeful activities, and he began offering a series of classes. Eventually, he developed an integrated rehabilitation program with equal emphasis on physical reconditioning, psychological readjustment, and vocational training.

Rusk’s program was remarkably successful, and the US Air Force subsequently established a whole series of special convalescent hospitals. Similar programs were later adopted by the US Army as “reconditioning” and by the US Navy as “rehabilitation.” The convalescent hospitals’ staffs

were enlarged to include physical therapists, educators, athletic trainers, occupational therapists, social service workers, personal counselors, and vocational guidance experts who worked as a team to treat the needs of the “whole man.” Rehabilitation began the moment the acute illness or surgery terminated.

After World War II, Rusk joined the faculty of the New York University School of Medicine and formed a facility for the rehabilitation of individuals with disabilities. Rusk first convinced the medical school at New York University to free up some wards in Bellevue and Goldwater hospitals to rehabilitate civilians. In 1946, Rusk was appointed professor and chairman of a new Department of Physical Medicine and Rehabilitation at New York University College of Medicine, and there he established the first comprehensive medical training program in rehabilitation in the world.

In 1951 Rusk opened the Institute of Medical Rehabilitation at New York University and served as its director for 33 years. In 1984, New York University honored Rusk by renaming the facility the Howard A. Rusk Institute of Rehabilitation Medicine. The Rusk Institute today is the largest university-affiliated center devoted entirely to care, research, and training in rehabilitative medicine.^{3,4}

Rusk founded the World Rehabilitation Fund in 1955, which has developed programs for professionals in 110 countries and

trained more than 2000 physicians and other health specialists in rehabilitation. Rusk also served on many government panels and commissions and wrote several books and numerous articles. For two decades he served as a contributing editor to *The New York Times* and published a weekly column on medical issues and rehabilitation. He traveled around the world on behalf of the United Nations and other international organizations. He even worked as a team with Jihan el-Sadat, wife of Egyptian President Anwar el-Sadat, and Aliza Begin, wife of Israeli Prime Minister Menachem Begin, to create a program of cooperation on rehabilitation medicine between Israel and Egypt, announced in Cairo in 1979.⁵

Rusk was a great supporter of the disabled and argued passionately for the rights of the disabled to contribute to society. He campaigned for medical rehabilitation as a public health issue and argued that the control of many infectious diseases, the consequent lengthening of the lifespan, the aging of the population, and the shift in emphasis from infectious to chronic diseases meant that chronic physical and mental disabilities would continue to increase.^{6–8} He believed that rehabilitation for all those with disabilities was essential to the health and happiness of the population. Rusk’s ideas and new ways of thinking transformed the response to disability in the fields of public health and

welfare and made it possible to rehabilitate millions of people with disabilities and help them to achieve healthier lives.^{9,10}

Among Rusk's awards were the Distinguished Service Medal, USA, and Lasker Awards in international rehabilitation, medical journalism, and public health. Rusk ended his autobiography with the words, "To believe in rehabilitation is to believe in humanity." ■

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Veterans Administration, after this war, would actually rehabilitate its disabled men rather than letting them languish in bed, or die for lack of understanding and a program. . . .

I wanted to return to civilian life . . . I had already begun thinking about establishing a rehabilitation institute for civilians. I knew that for every veteran who needed such help there were a dozen more civilians who needed it . . . Very little was being done for civilians with disabilities, and there were then an estimated twenty million of them in this country. . . . The statistics were shocking. We learned that in the United States of 1945 there were about twenty-three million people handicapped because of disease, injury, maladjustment or disabilities resulting from wars previous to the one that had just ended. And while the three-and-a-half year time span of World War II had produced about seventeen thousand amputees among servicemen, it had also created a hundred and twenty thousand amputees among our civilian population. . . .

On January 25, 1951, we opened our permanent institute. It was the first unit of the great New York University Medical Center that now stretches several blocks down First Avenue. . . . [M]ore than two hundred and fifty thousand Americans per year have been getting excellent treatment. But anyone who thinks we should congratulate ourselves for this should stop a moment and consider that at least *ten million disabled Americans still need rehabilitation and are not getting it*. We'll have no reason to congratulate ourselves until the day when we assume that every disabled person has

the right of rehabilitation, just as we now assume that everyone with a broken arm must have it set and splinted. . . .

One can imagine how much still needs to be done in the world's less fortunate countries. It's for this reason that we've been traveling around the world since 1948, encouraging rehabilitation programs in South America and in Poland, Israel, Australia, Soviet Russia, Vietnam, India and more than a hundred other countries. It's for this reason we founded the World Rehabilitation Fund and launched our fellowship training program here at the institute. We have now trained more than a thousand doctors from eighty five foreign countries, and almost all of those doctors are back in their countries conducting rehabilitation programs. . . .

The message of rehabilitation has finally reached nearly every corner of the world. ■